



FACTSHEETS | SEPTEMBER 2015

Promoting Protective Factors for In-Risk Families and Youth: A Guide for Practitioners

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk for negative outcomes. These factors may "buffer" the effect of risk exposure and help individuals and families negotiate difficult circumstances and fair better in school, work, and life.

Positive long-term outcomes related to health, school success, and successful transitions to adulthood typically do not occur as the result of single interventions. Focusing on protective factors offers a way to track progress by increasing resilience in the short term and contributing to the development of skills, personal characteristics, knowledge, relationships, and opportunities that offset risk exposure and contribute to improved well-being. In this sense, protective factors associated with the desired longer term outcomes can be used as interim results for practitioners to monitor progress over time.

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AT RISK, IN RISK, OR BOTH?

The U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF) serves five vulnerable populations:

- Children exposed to domestic violence
- Homeless and runaway youth
- Pregnant and parenting teens
- Victims of child abuse and neglect
- Youth in and aging out of the foster care system

Many of these children and youth grow up under conditions, such as chronic ill health or poverty, which expose them to risky and traumatic situations. These populations are clearly *at risk* for negative outcomes. The populations served by ACYF are considered to be *in risk* because they already experience one or more of the negative outcomes that prevention programs address.

LESSONS FROM THE RESEARCH LITERATURE

To address the broad spectrum of ACYF programs and populations, ACYF commissioned a literature review and expert consultation project to distill findings specifically relevant across the five populations served by ACYF. The findings presented in [*Protective Factors for Populations Served by the Administration on Children, Youth and Families: A Literature Review and Theoretical Framework*](#) are based on a thorough review of current research linking protective factors to well-being in the five

populations. Focusing on these in-risk populations has spotlighted specific factors with moderate or strong association with improved well-being. The review highlights the importance of working at multiple levels to impact individual skills and knowledge, focus on nurturing relationships, and increase supports and opportunities available in the broader community. This review also documents the need to enhance the evidence base through further research and practice to better understand the measures for tracking progress and the policy context and strategies that contribute to effective interventions. Protective factor findings were organized into a framework comprising three levels of influence: individual, relationship, and community.

The following box presents the top 10 protective factors with the strongest evidence to date across ACYF populations organized by the three levels of influence.¹ A comprehensive table showing *all* protective factors by ACYF population is found in the appendix.

¹Protective factors demonstrating evidence with general populations may also be protective for ACYF-specific populations. Omission of a factor does not mean it cannot be protective for these youth; it primarily means that there is no current evidence showing its protective nature for this particular population based on this literature review.

Protective Factors With the Strongest Evidence for Children and Youth in the Five Populations Served by ACYF

Individual Level	Relationship Level	Community Level
Self-regulation skills	Parenting competencies	Positive community environment
Relational skills	Positive peers	Positive school environment
Problem-solving skills	Caring adults	Economic opportunities
Involvement in positive activities		

USING PROTECTIVE FACTORS FOR ACYF POPULATIONS

WHICH INDIVIDUAL SKILLS AND CAPACITIES CAN IMPROVE WELL-BEING FOR CHILDREN AND YOUTH?

At the individual level, evidence is strongest for the protective nature of self-regulation skills, relational skills, and problem-solving skills.

Self-regulation skills refer to a youth's ability to manage or control emotions and behaviors, which can include self-mastery, anger management, character, long-term self-control, and emotional intelligence.

Relational skills refer to a youth's ability to form positive bonds and connections (e.g., social competence, being caring, forming prosocial relationships) and a youth's interpersonal skills (e.g., communication skills and conflict-resolution skills).

Problem-solving skills refer to a youth's adaptive functioning skills and ability to solve problems.

These three important skills are related to positive outcomes such as resiliency, having supportive friends, positive academic performance, improved cognitive functioning, and better social skills. They are also related to reductions in posttraumatic stress disorder, stress, anxiety, depression, and delinquency. Finally, these skills are related to more satisfaction with out-of-home placements and fewer placement disruptions. Numerous interventions target these three skills and have been evaluated for use with ACYF populations, with promising results. Effective programs include Child and Family Traumatic Stress Intervention, Multisystemic Therapy, Alternatives for Families, Trauma-Focused Cognitive Behavioral Therapy, Intensive Family Preservation Services, and Safe Dates.

In addition to building skills, *involvement in positive activities, specifically school connectedness, commitment, and engagement*, has strong evidence as a protective factor for ACYF populations. Involvement in positive activities is associated with lower levels of antisocial and general problem behavior, reductions in repeat pregnancies, higher socioeconomic status, and resiliency.

HOW CAN PARENTS, GUARDIANS, OTHER ADULTS, AND PEERS CONTRIBUTE TO A CHILD'S WELL-BEING?

For youth of all ages, **the competencies of the parent or guardian** include parenting skills (e.g., establishing clear standards and limits, discipline, and proper care) and positive parent-child interactions (e.g., sensitive, supportive, or caring parenting and close

relationships between parent and child). These competencies are related to numerous well-being outcomes such as increases in self-esteem, lower risk of antisocial behavior, lower likelihood of running away and teen pregnancy, reductions in child behavior problems, increases in social skills, better psychological adjustment, and reductions in internalizing behaviors. Also, for children in out-of-home care, improvements in parenting competencies have been associated with family reunification.

The **well-being of parents and other caregivers** is an important protective factor, especially for younger youth (under the age of 12). Well-being of parents and caregivers primarily refers to the parents' own positive psychological functioning (e.g., lower rates of depression and other mental health problems of mothers), well-being, and social supports. This protective factor is related to resilience, fewer conduct problems, better social relationships, and better behavioral health outcomes for their children.

The **presence of a caring adult** is particularly important for teens and young adults. These caring adults are often program staff or home visitors but can also be mentors, advocates, teachers, or extended family members. The presence of a caring adult is related to numerous positive outcomes, including greater resilience, lower stress, less likelihood of arrest, reductions in homelessness, higher levels of employment, less delinquent conduct, favorable health, less suicidal ideation, reductions in rapid repeat pregnancies, and better outcomes for the children of teen mothers.

Positive relationships with peers are another source of protection for in-risk populations and include both support from peers and positive peer norms. Having friendships and support from peers is related to reductions in depressive symptoms, more empathetic parenting attitudes (among teen mothers), and higher self-esteem. The presence of positive peer norms is related to reductions in rapid repeat pregnancies; less alcohol, tobacco and other drug use; lower levels of sexual activity; less antisocial and delinquent behavior; and more success in school. Ensuring that children and youth have positive peers can be achieved by creating groups with positive attitudes and values.

HOW CAN WE CREATE A COMMUNITY THAT PROMOTES CHILDREN'S WELL-BEING?

Three community-level factors are particularly important for the populations served by ACYF. A **positive school environment**, with supportive teachers and staff and specialized school-based programming geared toward improving outcomes, is related to reductions in traumatic stress disorder symptoms, depression, psychosocial dysfunction, and dating violence, as well as improvements in school performance and resilience. Two additional protective factors are a **positive community environment**, as defined by neighborhood quality and advantage, community safety, social cohesion, and social network support, and **economic opportunities**, as defined by higher socioeconomic status, employment, and financial support for higher education.

PROTECTIVE FACTORS FRAMEWORK

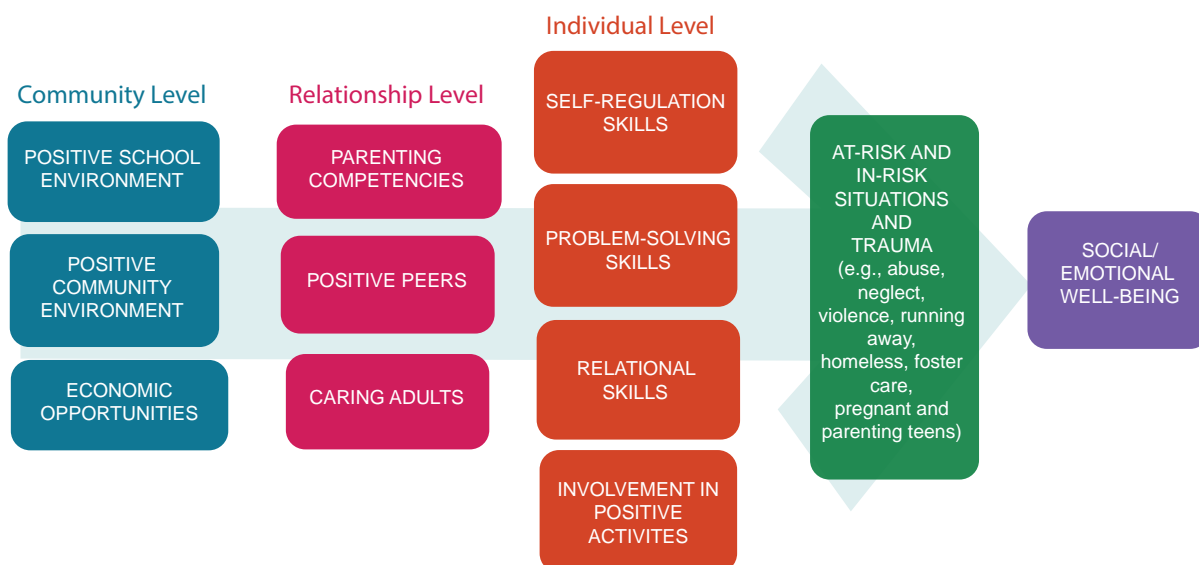
A general framework for organizing and applying protective factors was developed as part of the research review. Findings from the literature are organized in a framework that should serve as a complement to other models used in ACYF programs. These include frameworks such as Strengthening Families™ (Center for the Study of Social Policy) and Essentials for Childhood (Centers for Disease Control and Prevention) that offer excellent resources tailored to the prevention of child abuse and neglect.

WHERE TO GO FROM HERE?

Practitioners working with ACYF populations have an important role to play in using protective factors as part of program strategies and in developing the evidence base for protective factors in these populations. Practitioners can do the following:

- **Include program components that support the evidence-based individual, relationship, or community-level protective factors identified in this research review.** This will require an assessment of which factors are most relevant to the situations faced by potential program participants, as well as an assessment of the resources available to address relevant factors.
- **Collaborate with other agencies and organizations** to increase the availability of support services, resources, programs, positive activities, and opportunities at multiple levels—individual, relationship, and community. No single program or initiative is likely to have the resources to address all pertinent factors, and it may not always be possible to incorporate protective factors at multiple levels. The framework should be thought of as a guide to where collaboration might occur—if a program can work with one or two factors at the individual or relational levels, the framework can help in selecting partners for collaboration who can address other evidence-based factors relevant to the population group.

Conceptual General Model: Personal Environment Dynamic



- **Include an evaluation component** that will (1) assess the impact of program strategies on protective factors and (2) help build the evidence base for protective factors already showing some research support, as well as for those factors that have been useful in a practice context but do not yet have evidence of impact. Service providers have a unique opportunity to contribute to the understanding of how to positively affect protective factors and how to measure meaningful changes at the practice level. In developing the framework, factors with an evidence base were identified. However, it was clear that other factors may also be protective for one or more ACYF populations, but the evidence is not yet sufficient. In that sense, the framework and supporting evidence can also be seen as a guide to future research.

CONCLUSION

It is vital that practitioners working with in-risk children and families use evidence-based strategies whenever possible. Using a protective factors approach can be a positive way to engage families because it focuses on families' strengths and what they are doing right. Helping children and families build resilience and develop skills, characteristics, knowledge, and relationships that offset risk exposure can contribute to both short- and long-term positive outcomes.

It can sometimes be difficult to identify programs and strategies that are designed specifically for in-risk populations. However, by focusing on enhancing protective factors, we can help ensure in-risk children, youth, and families have a better chance to enjoy positive life outcomes.

RESOURCES

Promoting Protective Factors Factsheets

(Development Services Group, Inc. [DSG], & Child Welfare Information Gateway)

This factsheet is part of a series of factsheets for practitioners developed by DSG for ACYF. The series explores the importance of protective factors in working with the following in-risk populations served by ACYF:

- [Promoting Protective Factors for Children Exposed to Domestic Violence](#)
- [Promoting Protective Factors for Children and Youth in Foster Care](#)
- [Promoting Protective Factors for In-Risk Families and Youth](#)
- [Promoting Protective Factors for Pregnant and Parenting Teens](#)
- [Promoting Protective Factors for Victims of Child Abuse and Neglect](#)

[Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework](#) (ACYF & DSG)

ACYF contracted DSG to examine the research and develop a literature review on protective factors relevant to ACYF's target populations. Information and resources gleaned from this examination helped inform this factsheet and aid the development of graphic models and a brief for researchers. Access the Protective Factors Literature Review, graphic models, and brief for researchers on the [DSG website](#).

Protective Factors Approaches in Child

Welfare (Child Welfare Information Gateway)

This issue brief provides an overview of protective factors approaches to the prevention and treatment of child abuse and neglect. It is designed to help policymakers, administrators, child welfare and related professionals, service providers, advocates, and other interested individuals understand the concepts of risk and protective factors in families and communities and learn ways in which building protective factors can help to lessen risks for child abuse and neglect.

Prevention Resource Guide (HHS's Children's Bureau, Office on Child Abuse and Neglect; Child Welfare Information Gateway; FRIENDS National Center for Community-Based Child Abuse Prevention; & Center for the Study of Social Policy—Strengthening Families)

This guide was created primarily to support community-based child abuse prevention professionals who work to prevent child maltreatment and promote well-being. Find information on protective factors approaches to promoting well-being, working with families using protective factors, engaging communities, and protecting children. The guide also includes tip sheets for parents and caregivers and activity calendars—in both Spanish and English. Access the guide through the National Child Abuse Prevention Month website.

This factsheet was written by Development Services Group, Inc., for the Administration on Children, Youth and Families.

SUGGESTED CITATION:

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U.S. Department of Health and Human Services
Administration for Children and Families
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Children's Bureau



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APPENDIX

PROTECTIVE FACTORS FOR ACYF POPULATIONS BY LEVEL OF INFLUENCE

	Runaway/ Homeless Youth	Youth Exposed to Domestic Violence	Youth in or Transitioning Out of Foster Care	Victims of Child Abuse and Neglect	Pregnant and Parenting Teens
Individual Level Characteristics: Positive self-image	*			*	**
Individual Level Characteristics: Sense of purpose	*	*	*	***	**
Individual Level Characteristics: Sense of optimism	*	*	*	**	***
Individual Level Characteristics: Agency (self-efficacy)	*		*	***	***
Individual Level Characteristics: Cognitive ability (intelligence)			**	**	***
Individual Level Skills and Development Tasks: Self-regulation skills	*	***	****	****	*
Individual Level Skills and Development Tasks: Relational skills	*	**	****	****	***
Individual Level Skills and Development Tasks: Problem-solving skills	*	***	**	****	***
Individual Level Skills and Development Tasks: Academic skills			***	*	***
Individual Level Skills and Development Tasks: Involvement in positive activities			**	***	****
Relationship Level: Parenting competencies	*	****	****	****	****
Relationship Level: Parent or caregiver well-being	*	***	**	****	*
Relationship Level: Positive peers	**	*	*	****	****
Relationship Level: Caring adult(s)	*		***	*	****
Relationship Level: Living with family members			****		****
Community Level: Positive school environment		***	***	***	****
Community Level: Positive community environment	*		*	***	****
Community Level: Stable living situation			***	****	
Community Level: Economic opportunities	**		**	*	****

***Emerging Evidence:** Preponderance of findings generated by cross-sectional studies, case studies, or qualitative investigations with nonrepresentative samples.

****Limited Evidence:** Preponderance of findings generated by a single longitudinal study (significant findings with small, medium, or large effect sizes).

*****Moderate Evidence:** Consistent findings that are generated by two or more longitudinal studies (significant finding with small, medium, or large effect sizes).

******Strong Evidence:** Findings generated from one or more experimental or well-conducted quasi-experimental studies that demonstrate a significant effect on a protective factor and an outcome (e.g., findings demonstrate that the experimental effect on an outcome is mediated by the effect of a protective factor).

Note: The absence of an asterisk (*) indicates an absence of studies and/or evidence for a particular protective factor and population.